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|-----------------------------|---------------------------------------|--------------|------------------------|---|

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\*\* CONTINUING DATA \*\*\*\*\*

✓ None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

✓ None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/22/2002

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>19 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                           |                        |                       |                            |

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## TITLE

Method of treating vulnerable plaque

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>974 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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